

Commonwealth of Virginia
 Department of Professional and Occupational Regulation
 3600 West Broad Street
 Post Office Box 11066
 Richmond, Virginia 23230-1066
 (804) 367-8511
www.dpor.virginia.gov



Board for Contractors

ADDITIONAL LICENSE CLASSIFICATION/SPECIALTY DESIGNATION APPLICATION
Fee \$40.00 per License /Specialty Classification

**A check or money order payable to the TREASURER OF VIRGINIA, or
 a completed credit card insert must be mailed with your application package.
 APPLICATION FEES ARE NOT REFUNDABLE.**

All applicants are required to declare one Qualified Individual for each license classification and/or specialty designation who (1) has the technical experience in the selected classification or specialty designation; (2) possesses the minimum number of years of experience required for the type of license requested (i.e., 2 years for a Class C License, 3 years for a Class B License, and 5 years for a Class A License); and (3) *when required*, has passed a Board-approved trade examination.

1. VA Contractors License Number 2 7
2. Business/Sole Proprietor's Name _____
3. Trade or "Fictitious" Name _____
4. Federal Employer Identification Number

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- Sole Proprietor's** Social Security No. *

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5. Street Address (PO Box not accepted) _____
 City, State, Zip Code _____
6. Mailing Address _____
 City, State, Zip Code _____
7. E-mail Address _____
8. Telephone & Facsimile Numbers

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Telephone
Facsimile
Beeper/Cellular

Below is a list of the license classifications and specialty designations issued by the Virginia Board for Contractors and the **three-letter code** to be entered when completing the Qualified Individual table #9. A definition of the type of work that each of these classifications and designations may perform is available in the *Board for Contractors Regulations*.

AES	Alternative energy systems	FIC	Farm improvement	BRK	Masonry
ASB	Asbestos	FAS	Fire alarm systems	MBC	Modular/manufactured bldg
PAV	Asphalt paving & seal coating	SPR	Fire sprinkler	NGF	Natural gas fitting provider
BSC	Billboard/sign	FSP	Fire suppression	PTC	Painting & wall covering
BEC	Blast/explosive	GFC	Gas fitting	PLB	Plumbing
BLD	Building	H/H	Highway/Heavy	RMC	Radon mitigation
CIC	Commercial improvement	HIC	Home improvement	RFC	Recreational facility
CEM	Concrete	HVA	HVAC	REF	Refrigeration
ELE	Electrical	ISC	Landscape irrigation	ROC	Roofing
ESC	Electronic/communication service	LSC	Landscape service	SDS	Sewage disposal systems
EEC	Elevator/escalator	LAC	Lead abatement	POL	Swimming pool construction
EMW	Environmental monitoring well	LPG	Liquefied petroleum gas	VCC	Vessel construction
ENV	Environmental specialties	MCC	Marine facility	WWP	Waterwell/Pump
EMC	Equipment/machinery				

Indicates that additional certification, licensure and/or testing may be required for the classification/specialty.

OFFICE USE ONLY	DATE	FEE	CLASS OF FEE	2705	ISSUE DATE
	SCC	ETS	EFN	A Exam	B Exam
					Building Exam

9. List the classification/designation for which you are applying and one Qualified Individual for each classification/designation. The Qualified Individual must have at least two years of experience in the selected classification or designation.

* **Qualified Individuals for the electrical, plumbing, HVAC, gas fitting, liquefied petroleum gas fitting, and natural gas fitting provider classifications must hold a current Master Tradesman Card issued by the Virginia Board for Contractors Tradesman Program. This individual must be a full-time employee (working 30 hours or more for the business) or a member of Responsible Management as defined in 18 VAC 50-22-10 of the *Board for Contractors Regulations*.**

3-letter Code	Last Name	First Name	MI	Years of Experience	Social Security No. *	(if applicable) VA Tradesman License No.	Birth Date
						2710	
						2710	
						2710	
						2710	
						2710	

10. Three references that will attest to the Qualified Individual's satisfactory completion of contracting work in their license classification(s) and/or specialty designation(s). If your business employs more than one Qualified Individual, please attach an **Additional Qualified Individual Experience Reference Form** for each additional Qualified Individual.

Name	Street Address, City, State, Zip Code	Telephone Number
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		() -

11. Does the Qualified Individual(s) identified in #9 hold a current or expired contractors license, certification or registration in another state?

No ☐

Yes ☐ If yes, complete the following table.

Individual's Full Legal Name	Business Name	State	License, Certification or Registration No.	Expiration Date

12. Has the Qualified Individual(s) identified in #9 been subject to a disciplinary action imposed by any (including Virginia) local, state or national regulatory body?

No ☐

Yes ☐ If yes, please provide a certified copy of the final order, decree or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision.

13. A. Has the Qualified Individual identified in #9 ever been convicted in any jurisdiction of **any felony**? *Any guilty plea or plea of nolo contendere must be disclosed on this application. Do not disclose violations that were adjudicated as a minor in the juvenile court system.*

No ☐

Yes ☐ If yes, please provide the information requested in #13.C.

- B. Has the Qualified Individual identified in #9 ever been convicted in any jurisdiction of **any misdemeanor** within the last three years? *Any guilty plea or plea of nolo contendere must be disclosed on this application. Do not disclose violations that were adjudicated as a minor in the juvenile court system.*

No ☐

Yes ☐ If yes, please provide the information requested in #13.C.

13. C. **Please read the following instructions carefully!**

If you answered "yes" to either question #13.A. or #13.B., list the felony and/or misdemeanor conviction(s). Attach your original criminal history record; please provide a certified copy of the final order, decree or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision; **and** any other information you wish to have considered with this application (i.e., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation; etc.). If necessary, you may attach a separate sheet of paper.

Original criminal history records may be obtained by contacting the state police in the jurisdiction in which you were convicted. Virginia residents must complete a criminal history record request form in the presence of a notary public and mail it to the Virginia State Police, CCRE, Post Office Box 85076, Midlothian, Virginia 23261-5076. *Certified copies of court records* may be obtained by writing to the Clerk of the Court in the jurisdiction in which you were convicted. The address is available from your local police department.

14. During the past five years, has the Qualified Individual(s) had any outstanding/past-due debts or judgments; outstanding tax obligations; or defaults on bonds?

No ☐

Yes ☐

IF YES, YOU MUST PROVIDE AN EXPLANATION OF THE SITUATION, INCLUDING THE BEGINNING BALANCE, CURRENT BALANCE AND PAYMENT ARRANGEMENTS. Failure to provide adequate documentation may result in a delay in the processing of your application.

15. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application. I certify that I will notify the Department if the qualified individual(s) are subject to any disciplinary action; or convicted of any felony or misdemeanor charges (in any jurisdiction) prior to the receipt of the requested license. I certify that I am a member of responsible management as defined in 18 VAC 50-22-10 of the Board for Contractors regulations and am authorized to bind the applicant to contracts and other legal obligations. I also certify that I understand, and have complied with, all the laws of Virginia related to contractor licensure under the provisions of Title 54.1, Chapter 11 of the *Code of Virginia*, and the *Board for Contractors Regulations*.

Responsible Management (sole proprietor, partners of a general partnership, managing partner of a limited partnership, officers/directors of an association, managers/members of a limited liability company, or officers of a corporation)

Name _____ SS # _____ DOB _____

Signature _____ Title _____ Date _____

* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.